

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30231
State File No.

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN GERALD R.1
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		LYON Twsh .0	

3. NAME OF DECEASED (Type or Print)	a. (First) GUSTAVE	b. (Middle) HENRY	c. (Last) GRANNEMANN	4. DATE OF DEATH (Month) (Day) (Year)	OCT. 2 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 17, 1880	9. AGE (In years less birthday) 74	IF UNDER 1 YEAR Months 2 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) GERALD, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME FERDIN GRANNEMANN	13b. MOTHER'S MAIDEN NAME FERDERICKA HOST KOETTER	14. NAME OF HUSBAND OR WIFE IDA BECKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **	16. SOCIAL SECURITY NO. **	17. INFORMANT'S SIGNATURE OR NAME MRS. FRIEDA HOLTGREWE	ADDRESS GERALD, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 18, 1954** to **Oct 2, 1954** that I last saw the deceased alive on **Oct 2, 1954** and that death occurred at **8:40** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. F. Altman	23b. ADDRESS Washington Mo	23c. DATE SIGNED 10/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY Ebenezer St. Ch. C.	24d. LOCATION (City, town, or county) (State) North of Gerald, Mo.
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DATE REC'D BY LOCAL REG. 10/4/54	REGISTRAR'S SIGNATURE E. F. Altman	25. FUNERAL DIRECTOR'S SIGNATURE E. F. Altman	ADDRESS Union Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. F. Altman*.....

Licensed Embalmer No. *168*.....

P. O. Address *Union*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.